

# Statement of Organization Recipient Committee

Type or print in ink

Amendment - Page 1, eliminating date on  
"Date Qualified" Section not yet applicable.

STATEMENT OF ORGANIZATION

## Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1367998

☐ Termination - See Part 5

List I.D. number:

#

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Will Rogers for Burbank City Council - 2015

STREET ADDRESS (NO P.O. BOX)

1525 N. Pepper St

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91505 (818) 843-2211

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancie Rogers

STREET ADDRESS

1525 N. Pepper St

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91505 (818) 843-2211

NAME OF ASSISTANT TREASURER, IF ANY

Will Rogers

STREET ADDRESS

1525 N. Pepper St

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91505 (818) 843-2211

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 26, 2014  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SISTANT TREASURER

Executed on July 26, 2014  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Will Rogers for Burbank City Council - 2015

I.D. NUMBER

1367998

## 4. Type of Committee

 Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Will Rogers	Burbank City Council	2015	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER	
Wells Fargo Bank		(818) 841-6550		3867937009	
ADDRESS		CITY		STATE	ZIP CODE
900 N. San Fernando Road		Burbank		CA	91504

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)